



# Product Return Form

\* Please fill in all the blanks marked with an asterisk (\*). They are required information

\* Please attach the X-RAY for the further research purposes

* Return Date	①	Issued No. (DEUTSCHE OSSTEM)	②				
* Dr's Name	③	* Dealer Name (Sales Person)	④				
* Product Name	⑤	* Product Code	⑤	* Lot #	⑤	Q'ty	⑤
⑥ * Reason for Product Return	<b>Implant</b>  <input type="checkbox"/> No Primary Stability <input type="checkbox"/> No Osseointegration <input type="checkbox"/> Peri-Implantitis <input type="checkbox"/> Item Complaint (Non-Conformance) <i>(Please state more detailed in the field "Details")</i> <input type="checkbox"/> etc. : _____ <i>(Please state more detailed in the field "Details")</i> <input type="checkbox"/> Package sealed (Not Used)		<b>Prosthetic &amp; Tools</b>  <input type="checkbox"/> Abutment fracture <input type="checkbox"/> Screw fracture <input type="checkbox"/> Screw loosening <input type="checkbox"/> Item Complaint (Non-Conformance) <i>(Please state more detailed in the field "Details")</i> <input type="checkbox"/> etc. : _____ <i>(Please state more detailed in the field "Details")</i> <input type="checkbox"/> Package sealed (Not Used)		<b>Details :</b>		
			* Prosthetic parts and Tools (Drills, KITs) will not be exchanged unless there is a item non-conformance problem.				

⑦

Date

Signature

# Example

1. Enter a "Return Date" in a Blank ① (Date of Dentist → Dealer)  
**\*\*\* If you are returning the Unused Product(Packaging sealed), Please fill in the date you wish to return the product to DETSCHE OSSTEM GmbH.**
2. Written by DEUTSCHE OSSTEM GmbH (Blank ②)
3. Enter a "Doctor's Name" in a Blank ③  
**\*\*\* If you are returning the Unused Product(Packaging sealed), you do not have to write the Doctor's Name.**
4. Enter a "Dealer Name" in a Blank ④
5. Enter a "Product Name / Product Code / Lot Number and Quantity" in a Blank ⑤
6. Reason for Product Reason ⑥  
: If you choose the "Item Complaint or etc.", please state more detailed in the field "Details"
7. Need a Signature(Doctor) on Blank ⑦  
**\*\*\* If you are returning the Unused Product(Packaging sealed), we need Signature(Dealer) on Blank ⑦**